

RECEIVED
CENTRAL FAX CENTER

JAN 25 2007

COVER PAGE LISTING DOCUMENTS BEING TRANSMITTED VIA FACSIMILE

2 Pages Via Facsimile: 571-273-8300
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Certificate of Transmission
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (fax no. 571-273-8300) on January 25, 2007.
<u>Caleb Pollack</u> Reg. No. 37,912

Regarding the following Application:

Applicant(S): GINZBURG, Boris et al. Examiner: SMITH, Sheila B.

Serial No./ Patent No.: 10/673,205 Group Art Unit: 2617

Filed/Issued Date: September 30, 2003 Attorney Docket No.: P-6067-US

Title: DEVICE, SYSTEM AND METHOD OF SELECTING CHANNELS TO BE SCANNED IN WIRELESS NETWORK ASSOCIATION

Please find:

- | | |
|---|---|
| 1. <input type="checkbox"/> Provisional Cover Sheet | 9. <input type="checkbox"/> Response to Notice to File Missing Parts |
| 2. <input type="checkbox"/> Utility Patent Application Transmittal | 10. <input type="checkbox"/> Response to Notice of Incomplete Reply |
| 3. <input type="checkbox"/> RCE Transmittal Sheet | 11. <input type="checkbox"/> Request for Correction of Filing Receipt |
| 4. <input type="checkbox"/> Fee Transmittal Sheet | 12. <input type="checkbox"/> Information Disclosure Statement including:
- Form PTO/SB/08 and references _____ |
| 5. <input type="checkbox"/> Patent Application Under 35 USC 111(a) | 13. <input type="checkbox"/> Preliminary Amendment |
| <input type="checkbox"/> Provisional Patent Application Under 35 USC 111(b) | 14. <input type="checkbox"/> Response to Office Action
dated _____ |
| <input type="checkbox"/> Transmittal Sheet for Entering National Phase
Containing:
____ Pages of Specification
____ Pages of Claims
____ Page of Abstract
____ Pages of Formal Drawings
____ Pages of _____ | 15. <input type="checkbox"/> Petition for a One Month(s) Extension of Time |
| 6. <input type="checkbox"/> Signed Declaration & Power of Attorney | 16. <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Appeal Brief _____ |
| 7. <input type="checkbox"/> Request for Correction of Recordation of Assign. and:
- Recordation Cover Sheet
- Copy of Notice of Recordation of Assign. | 17. <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Publication Fee |
| 8. <input type="checkbox"/> Recordation of Assign. Cover Sheet & Signed Assign. | 18. <input type="checkbox"/> Submission of Formal Drawings: Two sets of
____ Sheets containing Figs. _____ |
| | 19. <input type="checkbox"/> Copy of Priority Doc. |
| | 20. <input type="checkbox"/> Claim for Convention Priority |
| | 21. <input type="checkbox"/> Revocation and Power of Attorney, including:
- Statement Under 37 CFR 3.73(b)
- Copy of Assignment |
| | 22. <input checked="" type="checkbox"/> Other: Change of Correspondence Address |

RECEIVED
CENTRAL FAX CENTER

JAN 25 2007

Please type a plus sign (+) inside this box →

PTO/SB/122 (11-98)

Approved for use through 6/30/99. OMB 0651-0035

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/673,205
	Filing Date	September 30, 2003
	First Named Inventor	GINZBURG, Boris
	Group Art Unit	2617
	Examiner Name	SMITH, Sheila B.
	Attorney Docket Number	P-6067-US

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 49443 → Place Customer Number Bar Code Label here
 Type Customer Number here

OR

☒ Firm or Individual Name **Pearl Cohen Zedek Latzer, LLP**

Address **1500 Broadway**

Address **12th Floor**

City **New York** **State** **New York** **ZIP** **10036**

Country **U.S.A.**

Telephone **646-878-0800** **Fax** **646-878-0801**

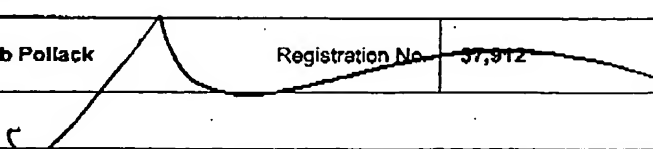
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐ Applicant

☐ Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.

☒ Attorney or agent of record.

Typed or Printed Name	Caleb Pollack	Registration No.	37,912
Signature			
Date	January 25, 2007		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Washington, DC 20231.